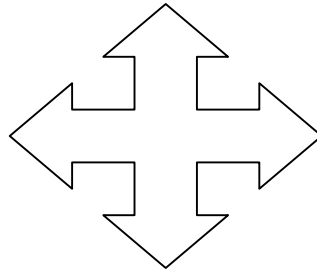


The Roadmap to Individual Family Service Planning



Instructions for Using the Kentucky Early Intervention System's IFSP Form

Cover Page

Purpose: Record demographic, contact, and provider information.

Process: Service Coordinator completes during early contacts with the family and updates as needed at subsequent meetings by transferring all current information to a new page and keeping the old page in the record.

Child's Name: First name, middle initial, & last name.

CBIS#: Enter the full CBIS number for the child

Date of Birth: Month, day, year (mm/dd/yyyy).

General Family Information

Primary Language in Home: Language the parent/caregiver most often uses when communicating with other family members & friends.

Child's Primary Language: Language the child most often uses when communicating with others. Use n/a if child is not yet using verbal language.

Name: First name, middle initial, & last name for two parents or guardians. If a second parent or guardian is not at all involved, leave the information blank for the second person. Put the person with whom the child resides in the left section if the people live in separate residences. Place a ✓ in box to indicate each person's relationship to child.

Address, Telephone, and Best Time: Complete the address and phone numbers for each parent. For parents who reside together, write "same" in the address blank of the second parent. Record the best time to reach each parent.

IFSP Team

Date and IFSP Type: Record the date that the meeting was held and place a ✓ in box for the type of meeting. In "Plan Effective" section, record the effective dates of the plan (mm/dd/yyyy). From = beginning date of the plan; To = last day of the plan.

Team Members: Record the first and last name of each service provider. Be certain to include all evaluation team members, service providers, service coordinator, and pediatrician or other regular health care provider.

Role: Indicate each member's role (e.g., pediatrician, physical therapist)

Telephone: Write the telephone number the family should use to contact the team member

Agency Name: Enter the team member's agency name or "independent."

Amendment Rationale or Transition Type: Indicate the reason the amendment or transition meeting is being held.

Service Coordinator Contact Information: Enter first and last name, mailing address, telephone number and best time to call for the Primary and Backup Service Coordinators.

Page: For each letter, indicate the page number. (e.g., A1, B1, C1, D1, E1, F1, G1, G2, G3, G4, I1, J1) If pages are added because you need more lines (e.g. more than 9 team members), number the continuation page as A2.

Medical Information

Purpose: To gather information about the child's health that may be useful in developing the IFSP.

Process: The family and the service coordinator should have conversation about why this information may be useful to the IFSP Team. This information should be gathered during early contacts with the family and health care providers. This process must also include a review of pertinent records related to the child's current general health status and medical history. Update at subsequent meetings by transferring data that has not changed to a new medical page and adding the new date and any new medical information.

Vision: Indicate whether the child's vision has been tested or not by placing a ☒ in the appropriate box. If vision has been tested, indicate the doctor's first and last name and mm/dd/yyyy of testing. Last name is acceptable if the family does not have the first name. Indicate whether or not the family has concerns about the child's vision by checking the appropriate block. Briefly explain the family's concern if there is one regarding vision.

Hearing: Indicate whether the child's hearing has been tested or not by placing a ☒ in the appropriate box. If hearing has been tested, indicate the doctor's first and last name and mm/dd/yyyy of testing. Last name is acceptable if the family does not have the first name. Indicate whether or not the family has concerns about the child's hearing by checking the appropriate block. Briefly explain the family's concern if there is one regarding hearing.

General Health Status: Indicate whether or not the child is seen by a pediatrician or healthcare professional for well check-ups by placing a ☒ in the appropriate block. Indicate the provider's first and last name and telephone number. Last name is acceptable if the family does not have the first name. Indicate if applicable the mm/dd/yyyy of the child's last well check or visit. Enter n/a if the family does not know or this is not applicable.

Specialists: Indicate whether or not the child is seen by a specialist or other doctor by placing a ☒ in the appropriate box. Indicate the providers' first and last names and the diagnosis or reason the child sees each provider (e.g., heart palpitations, poor weight gain). Last name is acceptable if the family does not have the first name.

Diagnoses: Indicate whether or not the child has a medical diagnosis or concern by placing a ☒ in the appropriate box. Give the diagnosis or brief explanation of the concern. Record the ICD-9 code as written on the medical PLE, if available.

Prematurity: Indicate whether or not the child was born prematurely by placing a ☒ in the appropriate box. Write the number of weeks early the child was born. If the family knows the gestational age only, subtract this age in weeks from 40 weeks to arrive at the number of weeks early. If the family is not sure or can give a range or estimate, write "estimated" next to the number or "unknown," whichever is applicable.

Medication: List any medications, why they were prescribed and side effects if known.

Concerns: Indicate any concerns that healthcare providers or family had about the mother or child at or before birth.

Nutrition: Indicate whether or not the family or healthcare providers have any concerns about the child's eating, nutrition, or growth by placing a ☒ in the appropriate block. Explain if a concern is reported.

Dental: Indicate whether or not the family or healthcare providers have any concerns about the child's dental health by placing a ☒ in the appropriate box. Explain if a concern is reported.

Other: Describe any other concerns the family or healthcare providers have about the child's health and any other information about the child's health, such as allergies, special equipment, or special instructions, that the team should know to better plan services and support.

Present Level of Development

Purpose: To share information among the IFSP team members related to the child's current and emerging developmental skills, focusing on the child and family's daily routines and activities and the child's participation in natural learning opportunities. This page should focus on critical or pivotal skills.

Process: The information for this page should come from a variety of sources. Sources should include *both* conversations with the family, and others who know the child well, about the child's abilities and interests as well as information based on professionally-acceptable objective criteria. Statements should be written concisely and in family-friendly language. Professional jargon is inappropriate. This page can be partially completed ahead of time and completed at the meeting.

Name: Include the child's first name in each of the blanks in the middle two top columns: _____ does this well and _____ is learning to do this or needs help with this.

Communication: Under "does this well" describe the child's current strengths in understanding others and expressing him or herself. Under "learning to do this" describe those skills in communication that are emerging for the child or the skills that come next in the developmental sequence. These should be functional skills, not tasks from an instrument. Include any additional skills which would help the child or family to function better in the natural environment. For communication and each of the other four developmental domains, list names of those who provided information about the child's functioning in this area. First Names are sufficient if there are not multiple people with the same first name.

Cognitive: Under "does this well" describe the child's current strengths in playing, thinking, exploring, and problem-solving. Under "learning to do this" describe the cognitive skills that are emerging for the child or the skills that come next in the developmental sequence. These should be functional skills, not tasks from an instrument. Include any additional skills which would help the child or family to function better in the natural environment.

Motor: Under "does this well" describe the child's current strengths in moving and using both large and small muscles. Under "learning to do this," describe those motor skills that are emerging for the child or the skills that come next in the developmental sequence. These should be functional skills, not tasks from an instrument. Include any additional skills which would help the child or family to function better in the natural environment.

Social-Emotional: Under "does this well" describe the child's current strengths in emotions, feelings, interacting with others, and coping. Under "learning to do this," describe the social emotional skills that are emerging for the child or the skills that come next in the developmental sequence. Include any additional skills which would help the child or family to function better in the natural environment.

Adaptive: Under "does this well" describe the child's current strengths in eating, toileting, and self-help. Under "learning to do this," describe the adaptive skills that are emerging for the child or the skills that come next in the developmental sequence. Include any additional skills which would help the child or family to function better in the natural environment.

Family and Childcare Routines

Purpose: To identify the child's daily routines and activities, the natural environments where they take place, and the family's level of satisfaction with each routine.

Process: Primary Level Evaluator or Service Coordinator completes with family and other caregivers during early contacts. This should be conducted in face-to-face interview format. Begin by explaining to the family why this information is helpful to IFSP planning using wording similar to the paragraph at the top of page D of the IFSP form. Offer the option to families to actually write on this page, though it should still be completed through an interview if this option is chosen.

Routine: Beginning with "waking," or a similar early morning routine, list the routines of the day with brief, one to three-word titles. Continue through evening time until bedtime routine. You may even include sleeping if there are notable events that occur during this time of day.

What goes well/doesn't go well: Discuss with the parent for each routine, where appropriate, what the child is doing during this routine, what others are doing, what the child does independently during this routine, and what help the child needs. In this block summarize for each routine what goes well and what does not go well. There may be many routines in which everything goes well.

How Happy: Indicate how happy the family is with this routine by placing a ☒ in the appropriate box lock. Under "comment" include, when appropriate, any additional information that could explain why the family is or is not happy.

Family Identified Priorities and Concerns

Purpose: To identify the family's concerns and priorities for their child and family and rank these in order of importance to the family.

Process: Service Coordinator completes with family before the IFSP. This should be conducted in face-to-face interview format and build upon the discussion on family and childcare routines. Though these questions may be asked during early contacts, they should be revisited once the family members have specific developmental information from the evaluation and assessment team on their child's development. Again, this is a voluntary interview that families may refuse to participate in without losing services offered to them.

Page E

Question 1: Ask the family to describe their concerns for their child and family and what is important for their child and family. Remind the family that these may include concerns related to child development (e.g., concerned that my child doesn't use words), or they may be family related (e.g., need childcare, concerned about paying medical bills).

Questions 2 –6: Team should review and discuss the information gathered through the conversation on routines. Ask the family to think about these routines as you ask them each question. As you discuss each, talk with the family not only about events but people, places, textures, routines, foods, and activities as well, in order to understand the child and family's interests, abilities, and need for support better. There may also be events the family wishes to discuss or include that do not happen on a daily basis (e.g., holidays, birthdays, trips to the beach). Help the family consider these when appropriate as you lead the conversation.

Question 7: Invite the family to tell you about any needs they have for information. Again, this may be related to child development or general family needs. Though you should not rely on the checklist on page E as there are many other types of information families may need, the list may facilitate an understanding that early intervention addresses needs beyond child development. Remind families that service coordinators, though they do not provide actual services, can be a link between families and available services and information, and should a need for information arise in the future that the primary service coordinator may be able to help. Placing a ☒ in the boxes that correspond to family need for information, and write in any needs that families express that are not included in the list.

Page F

Priorities and Concerns: With the family, refer back to Page E to make a list of family priorities and concerns. These should be phrased in family-friendly language and be specific. If a family expresses a very broad, general concern, facilitate conversation that gives you a better understanding of the more specific and immediate concern, if possible.

Rank: Ask family members to rank their priorities and concerns in order of what is most important to them. Give families the option to rank multiple concerns and priorities the same, or they may assign different rankings to each item. (e.g., 3,1,4,6,2,5 or 1,1,1,2,3,4) If more than one was ranked with the same number, use a small letter to identify the priority (e.g., 1a, 1b, 1c). Letters do not indicate rank.

Outcomes

Purposes: (1) To develop statements of the major outcomes to be achieved for the child and family that address family priorities and concerns, and (2) identify strategies that will address the outcomes.

Process: The entire IFSP Team participates in completing this step of the IFSP process. All team members should come to the IFSP meeting with an idea of the family's routines, concerns, and priorities so they are prepared to offer suggested strategies to the family. Unless the family wishes otherwise, the team should address each of the family's priorities and concerns with an outcome. The service providers should not create *any* outcomes that are not directly related to a family priority or concern. Outcomes do not come from the evaluation and assessment report but from family priorities and concerns.

Related to Priority #: Begin with the priority or concern the family ranked #1 or #1a. Place that number (or number and letter) in the blank labeled "related to priority #____" Teams may find that more than one outcome is needed to address a single concern or that one outcome addresses multiple concerns.

What we want to happen (Outcome Statement): The "we" in this statement refers to the family. Describe what the family wants the change to look like. The team may need to talk about the desired change so they can develop a statement that includes enough detail that the family and the IFSP team will know when the outcome has been achieved. The outcome should directly relate to a family priority or concern. Outcomes that address child development include four components: describing rationale for the objective, defining the target behavior, identifying the circumstances, and determining the criteria for success.

Describing Rationale for the Objective: The rationale for the outcome should demonstrate the relevance to the child and family's life. A functional outcome is one that is either necessary for child development or for better functioning of the child or family in the natural environment.

Defining the Target behavior: The target behavior, for outcomes targeting child development, should be an action verb that is observable, measurable, repeatable, and has the potential to be achieved within 6 months.

Identifying the Circumstances: Identifying the circumstances involves determining under what conditions the child is likely to need the target behavior. By identifying circumstances with families, the developmental outcome is contextualized in an individualized description of how this particular child will use this behavior or skill in his day-to-day activities.

Determining the Criteria for Success: By including criteria for success, the family and professionals know exactly what the desired outcome is and will be able to measure when the objective is met. Since families will be identifying progress toward the outcome, criteria should be sufficiently specific without being complicated.

****Example Outcome Statement (child development):**

"Maisie will step over the thresholds in her house without help or falling each time she tries so she can go from room to room safely."

Rationale - so she can go from room to room safely

Behavior - step over the thresholds in her house;

Circumstances - without help or falling

Criteria - each time she tries

****Example Outcome Statement (family):**

"Katherine will find a childcare center for Maggie that she is comfortable with before the school year begins."

Outcomes (continued)

Ideas and Strategies: Strategies refer to the methods that the service providers will use to support the family and should address the identified family strengths and resources first. In the case of child development outcomes, strategies include the ways service providers will support the caregivers' ability to use intervention strategies or maximize natural learning opportunities for their child. The person who will be implementing intervention should be obvious from reading the strategy, and unless determined inappropriate should include the caregiver(s) as the primary implementers. The team should brainstorm strategies to be considered for addressing the outcome within the child and family's daily routines and activities. Next, the team should choose strategies that will best address the outcome within the context of the family's life. Strategies should include the routine in which they will be implemented.

***Example Strategies (child development):*

Maisie's mom and dad will talk to Marla about when she is most likely to walk independently and when she is most likely to fall. They will also demonstrate what seems to work best so far for helping Maisie to cross the thresholds and under what circumstance she is most likely to attempt to cross.

Marla, the physical therapist, will observe Maisie as she walks across the thresholds in her house and as she walks on even and uneven surfaces.

Marla will discuss with Maisie's family the times she crosses the thresholds most frequently and give strategies to Maisie's mother and father that they can use to help Maisie learn to cross the thresholds safely and independently. These include teaching Maisie - how to anticipate that she is about to cross, to remember to slow down, how to catch herself if she begins to fall, and to help her walking skills to improve by gaining more practice throughout other routines on other surfaces. Marla will give the parents ideas for practicing this skill on the playground, during their evening walks, and during shopping.

People Who Will Help/Role: After outcomes and strategies are determined, the IFSP team can discuss who is most appropriate to support the family for each outcome. The IFSP Team first reviews the family's current informal and formal supports and services and considers if any of these supports can address partially or wholly the outcomes or if additional supports need to be identified. Effort should be made to eliminate duplication of services. Teams should determine a team configuration of the minimum number of people to address all outcomes. Only those persons necessary to support a *family-defined outcome*, which has derived from a family-defined priority or concern should be listed in this column. (e.g., Child has delays in communication and motor development. The family is not concerned about the child's communication development. Services to address the communication delay are not needed). After listing each person, name their role (e.g., Cyndi, mother; David, father; Susan, physical therapist). The purpose is not to list credentials, only to identify roles.

Assistive Technology: Indicate whether or not assistive technology is needed to support this outcome by placing a ☒ in the appropriate box. If "yes" is checked, the Assistive Technology appendix page will need to be completed and included in the IFSP.

Family Review: The IFSP team should discuss the progress towards the outcome on an ongoing basis. At each review, the family members should indicate which statement best describes the degree to which progress toward achieving the outcome is being made by placing their initials and mm/dd/yy in the appropriate column. Outcomes may be reviewed multiple times on the same page. The team should discuss whether modifications or revisions of the outcome or services are necessary and indicate this by placing a ☒ in the appropriate box to the right of the family review. Any comments such as those about progress, satisfaction, or modifications can be included under "comments."

Modification Box: This is where the team reviews progress on the outcome. If modifications or revisions are needed, write what those should be in the comments section. Then write the modified outcome on the new plan. If only strategies/ideas change keep the same outcome number. If the outcome statement changes in any way, give it a new outcome number.

Page Numbers: The page numbers for the outcomes are continuous. Once an outcome is written as #1, that outcome will always be #1 for that child, even after it is met. Therefore, at an annual IFSP, a child may have met outcomes 2,3, and 5 of 6 outcomes. Even though only 1, 4 and 6 are brought forward to the new IFSP, if three new outcomes are written, they should be numbers 7, 8, and 9. This is the only section of the IFSP numbered this way, and is done in this manner to capture data on number of outcomes for each child.

Name: First and last name of child

CBIS #: child identification number

Page Number: continuous pagination

Child and Family Transition Plan

Purpose: To plan the steps to support the transition of the child to preschool special education services to the extent that those services are appropriate and/or other services that may be available. This page may also be used to help the family plan for any transition they anticipate for their family or child.

Procedure: Service Coordinator completes at IFSP Review, Transition Conference and after completion of transition process.

Date of Transition Conference: mm/dd/yyyy Transition conference held. According to IDEA, the **mandatory** Transition Conference with Part B invitation must be held at least ninety (90) days and up to 6 months prior to the child's 3rd birthday. All other transitions should be addressed as a part of the IFSP review when revealed by the family in priorities and concerns and should include discussion of any agency or community resource that could assist the family or child outside of the First Steps program.

Identified Transition to be Addressed: If the family expresses priorities/concerns regarding the impending transition from hospital to home, moving to another community/provider, or accessing other community resources, then the team may feel the need to formally plan for the transition. If the child is exiting the First Steps system prior to the 3rd birthday and the family expresses priorities/concerns, the team may document community supports/next steps. If child is exiting First Steps at 3rd birthday, the local education agency as the lead agency is explored with consideration of other options, and the Service Coordinator facilitates the development of the transition plan at the **mandatory** Transition Conference. Other transitions could be any identified by the family as priorities and concerns and dictate a need for additional planning to support child and family. Place a ☒ in the appropriate box to indicate the transition type and if it is the official mandatory Transition Conference with Part B present.

Concern Related to Transition Process: Any concerns shared by the family. Concerns at the 3rd birthday transition related to the change in the service delivery system may be more complex. Has the family expressed concerns about what should happen to help them become more informed about all the options, beginning with Part B? How their child can be prepared for the upcoming transition? Does the family understand the importance of each step involved in the transition process, the need to give permission, and their role? What additional information does the family need at this step?

What We Want to Happen: Identifies desired outcomes that address the family's concerns about transition (information in the family's native language about the transition process steps leading to the 3rd birthday, exploring all options, identifying strategies/outcomes to prepare the child for transition, and desiring to be fully informed and enabled to make good decisions at the end of the process).

Strategies/Outcomes: Address the identified family strengths and resources first. If the transition planning is at the **mandatory** conference, Specific strategies must include (1) discussions with, and training of, parents regarding future placements and other matters related to the child's Transition; (2) procedures to prepare the child for changes in service delivery, including steps to help the child adjust to, and function in, a new setting; and (3) with parental consent, the transmission of information about the child to the local education agency, to ensure continuity of services, including evaluation and assessment information and copies of IFSPs that have been developed and implemented.

Target Date/Date of Completion: mm/dd/yyyy **Person /Role:** Identified person/persons and support they will provide

Family Review: Families should indicate progress toward outcome by placing initials and mm/dd/yyyy with initial in appropriate column.

Referral Activities: Place a ☒ in box below each item as completed and enter mm/dd/yyyy with initial of Primary Service Coordinator.

Comments: Specific to action taken/need status on Transition Plan and includes a summary of Part B dialogue with the family

Summary of Services

Purpose: To identify the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes as well as services that a child or family needs, but that are not covered by First Steps.

Process: The team reviews all services, both provided by First Steps and those provided outside the system, and lists these and circumstances for each.

Service: Give the name of the specific service the team has identified. (e.g., Occupational Therapy, Speech Therapy, Pediatric Healthcare, Cardiology Healthcare)

Who Will Do This: List the name of the individual providing the service (not an agency name).

How and Where: Place a ☒ in box to indicate whether the service will be provided in a group or individual setting. In the block below indicate the location of services (e.g., home, ABC Childcare, County Health Department). Service provided by First Steps, to the maximum extent appropriate to the needs of the child, must be provided in natural environments, including the home and community settings in which children without disabilities participate.

Who Will Pay: Enter the person or agency that is responsible for paying for the service (e.g., Medicaid, Insurance, First Steps, Family). First Steps is the payor of last resort.

How Often and How Long: Indicate the frequency (e.g., once per month) over the duration of each session (e.g., 1 hour). For services not provided by First Steps this may be estimated or left blank if not applicable. (e.g., the family may estimate the child will see the pediatrician once per year. Duration may be left blank).

Begin and End Dates: Enter mm/dd/yyyy for projected begin date over mm/dd/yyyy for projected end date.

Total Units: Calculate the total units for each service for the duration of the IFSP by multiplying units per week by total number of weeks in the plan.

Natural Environments Justification: If for any reason services are to be provided to a child in a setting or manner that is not consistent with natural environments legislation, provide an appropriate justification. A parent's preference for an unnatural environment is not an acceptable justification. Any setting or situation that is not natural or normal for the child's same age peers is not a natural environment. For example, pulling a child aside in a child care setting to another room or to another part of the room is in need of justification. In determining whether a non natural environment is justifiable, remember that the Code of Federal Regulations states that "the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment." [Sec. 303.167(c)(2)].

Team Approval

Purpose: To document the parent(s) or guardian(s): (a) consent to the implementation of the IFSP, (b) have received written explanation and written copies of procedural safeguards, and (c) have participated in the development of the IFSP. This page also documents other team members' approval of the plan and agreement to participate in implementation.

Process: This page is completed by the IFSP team at the completion of the IFSP meeting.

Parental Consent:

Statement of Assurances – Procedural Safeguards – At the initial IFSP meeting the parent(s) will be given KEIS Form 1, Statement of Assurances – Procedural Safeguards. Each item on the form will be explained by the Service Coordinator and then initialed by the parent(s). It is then signed and dated. A copy is given to the parent(s) and a copy is filed in the record. At all subsequent IFSP meetings, the parent(s) will be given KEIS Form 1A - First Steps Summary of Family's rights, procedural safeguards and assurances. Each item will be reviewed.

At every IFSP meeting, families should place a ✓ in each appropriate box to indicate they have received copies of procedural safeguards. Next they should place a ✓ in each appropriate box to indicate they have (a) participated in development of the plan and (b) will participate in implementation of the plan. They should then sign and date the page.

Other Team Members' Approval: Each team member present should sign their name, place mm/dd/yyyy in the date column, and place a ✓ in the "attended" column. The service coordinator should print the name of the other team members, place mm/dd/yyyy in the date column, and place a ✓ in the box indicating the method by which each gave approval of the plan.

Others: Other people present, who are not a part of the IFSP team (e.g., practicum students, other family members not wishing to be on the team) should sign or print their names in one of the six available blocks. Date is not necessary.

Assistive Technology

Purpose: To document the need for assistive technology and plan for obtaining and monitoring effectiveness of the technology.

Process: After determining that assistive technology is needed and that the requested assistive technology is on the Assistive Technology Approved for Funding by First Steps list, the service coordinator, family, and appropriate disciplines complete this page. This is not an official page to the IFSP.

What is Needed: Name the specific technology needed.

Related to Which Outcome: Restate the outcome (what we want to happen) that requires this technology.

How will the technology help: Describe how the technology is needed to help the child achieve the outcome and why it is necessary.

Place a ☒ in the appropriate boxes to indicate if the technology already exists in the environment, if something in the environment can be used or adapted, and if the technology needs to be borrowed, purchased, or acquired through other means.

For Purchased Equipment: Estimate the cost of the technology and indicate if assessment is needed by placing a ☒ in the appropriate box.

Place a ☒ in the appropriate box to indicate if the technology will permanently belong to the family. If not, indicate when and to whom it must be returned.

Review: At subsequent IFSP reviews, a family member should place initials and mm/dd/yyyy in the appropriate boxes to indicate if the technology is being used, no longer needed, and if it is helping to achieve outcomes.

Comments: The comment block can be used to elaborate on the family's review of the assistive technology, to indicate a need to modify the current technology, describe need for different technology, or other related comments.